

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 1/21/05

APPROVAL DATE: 4/14/05

**PERMIT
INDEXED**
05383544

P 521958

A REPAIR -514172-G

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 98, Glenelg 21737 PHONE NUMBER: 410-988-9270

SUBDIVISION: Highland Lakes LOT NUMBER: 69

ADDRESS: 6590 Castlebay Court PROPERTY OWNER: Donald Floyd

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

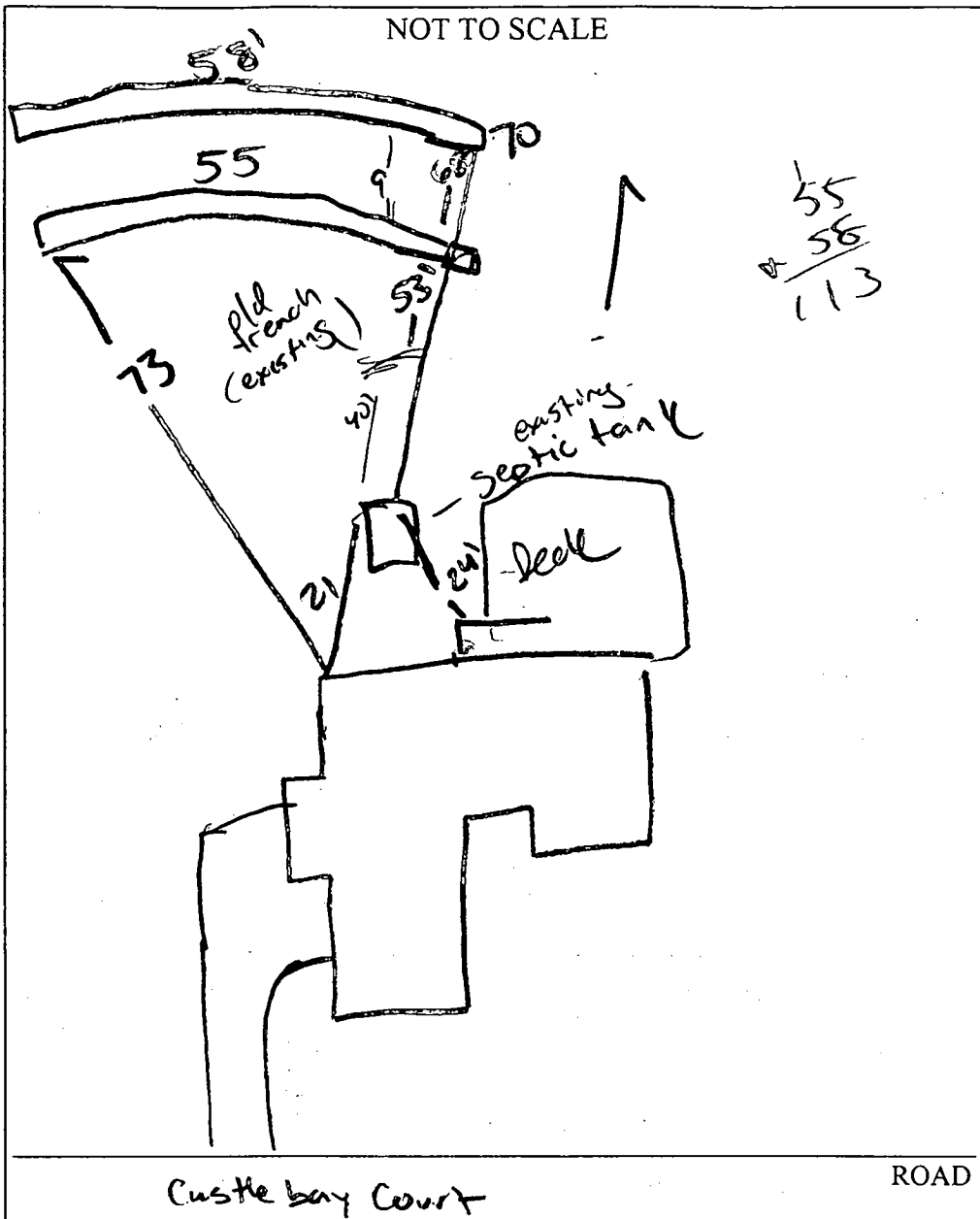
TRENCHES:	Trench to be <u>2</u> feet wide. Inlet <u>10</u> feet below original grade. Bottom maximum depth <u>6</u> feet below original grade. Effective area begins at <u>6</u> feet below original grade. <u>6</u> feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: _____ DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A 514172-G



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	4	10
NUMBER OF TRENCHES		2
TOTAL LENGTH		113
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Same
CAPACITY	1250 GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	
SEPTIC TANK 2 LEVEL	
CAPACITY	N/A GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

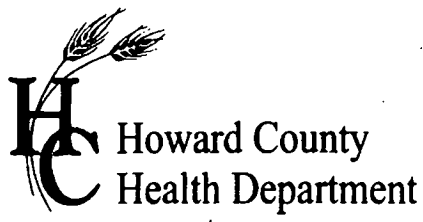
PRE-CONSTRUCTION _____

INSTALLATION ^{4/14/05} Hit an existing trench where first replacement trench was to be installed. so. moved second trench back 10' from 1st trench. Trenches on contour existing tank remained. 1st trench was to be 57' but property line was to close, added on to lower trench **PAY 4/15/05** (1 to 2' shy of required amount because of proximity to PROPERTY LINE

FINAL INSPECTOR

DATE OF APPROVAL 4/14/05

Paid for perc only 50.



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/D 5 21958

AGENCY REVIEW: _____ DATE 11/21/05

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

- CHECK AS NEEDED:
- CONSTRUCT NEW SEPTIC SYSTEM(S)
 - REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
 - REPLACE AN EXISTING SEPTIC SYSTEM

- CHECK AS NEEDED:
- NEW STRUCTURE(S)
 - ADDITION TO AN EXISTING STRUCTURE
 - REPLACE AN EXISTING STRUCTURE

- CHECK ONE:
- CREATE NEW LOT(S)
 - BUILD ON AN EXISTING LOT IN A SUBDIVISION
 - BUILD ON AN EXISTING PARCEL OF RECORD

- IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?
- YES
 - NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH 5 PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) FLOYD

DAYTIME PHONE 301-854-2695 CELL _____ FAX _____

MAILING ADDRESS 8590 Castlebay Ct Highland Md 20777
STREET CITY/TOWN STATE ZIP

APPLICANT Fyack Septic Service

DAYTIME PHONE 410 988 9270 CELL 240-882-9909 FAX 410-531-1256

MAILING ADDRESS PO 98 Glenelg Md 21737
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Same as above LOT NO. _____

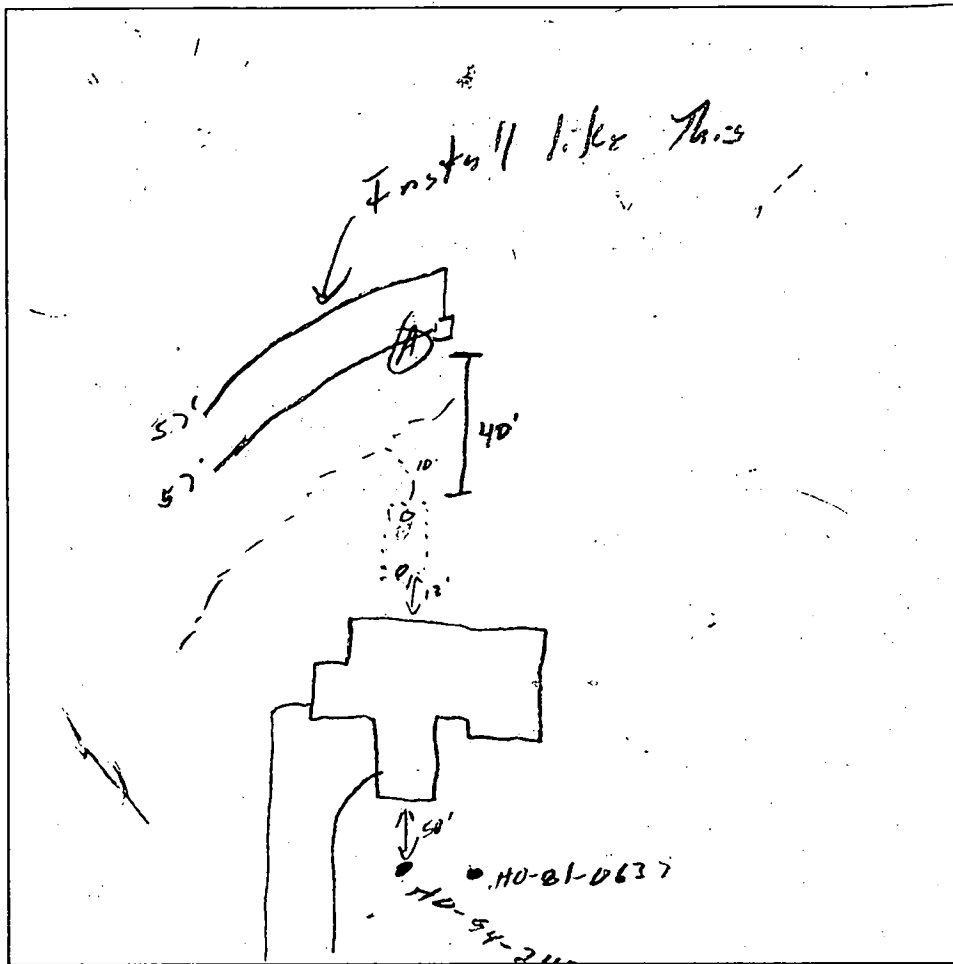
PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. Mike Sharp
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



6" Topsoil
Red clay

4" Brown Tan/white
Loam clay

6" Brown Tan/white
Loam

13.5

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H.
2/7/05	A	4.5 13.5	11:23	11:30	11:44	14	12

REMARKS _____

SANITARIAN S.O BACKHOE Robert OTHERS _____

TEST HOLES USED IN SDA (A) AVG. PERC TIME 14 SQ. FT/BR 210

TRENCH WIDTH 2 INLET DEPTH 4 MAX. BOT DEPTH 10 EFFECTIVE SW 6

11/14/84
Final Report

WPI - AM
11/26/84

11/13/84 AM PLATER
11/13/84 HOUSE CONNECTION REQUIRED FOR
FINAL APPROVAL

Approved 6/10/85
Stamp

PERMIT

P 34525
A 20258

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLCOTT CITY
DISTRICT 5th
DATE 10/29/84

INDEXED

Allen's Backhoe Rental IS PERMITTED TO INSTALL X ALTER
ADDRESS 15050 Carr's Mill Road, Woodbine, MD 21797 PHONE 439-7095
SUBDIVISION Highland Lakes ROAD 6590 Castle Bay Court LOT 69, sec. 2
PROPERTY OWNER JDF Builders, Inc.
3509 Reynard Drive
ADDRESS Ellicott City, Maryland

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 ~~2000~~ GALLONS NUMBER OF BEDROOMS 14

DRY WELL OR DRY WELL AND TRENCH - 130 sq. ft. per bedroom. Inlet 4 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 4 feet below original grade. NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with 6 feet of stone below distribution pipe.

LOCATION: Place the dry well 25 feet from the rear (310.00') lot line and 125 feet from the right (220.32') lot line.

IF TRENCHES ONLY THEN 160 SQ FT / BDRM REQUIRED.
STRAIGHT TRENCH 25' BELOW WHERE DRYWELL SHOULD GO.
11/7/84 C.W. Allan

PLANS APPROVED BY Craig Williams / Frank Skinner DATE 8/10/84

- COVER NO WORK UNTIL INSPECTED AND APPROVED
- NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
- NOTE IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH
- NOTE NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.
- NOTE ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS
- PERMIT VOID AFTER THREE YEARS
- NOTE INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

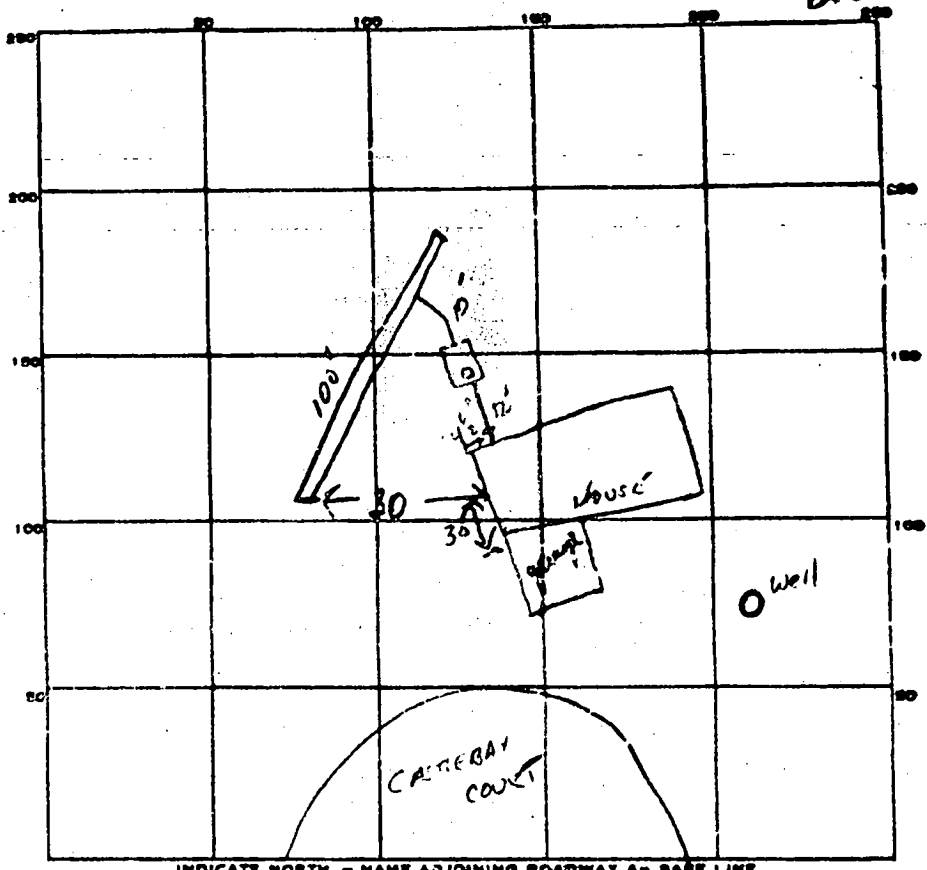
CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

11/20/84

A 514172 G

20258.



20258

PERMIT CARD

SEPTIC TANK, LEVEL CLEANOUTS

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 10 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 10 1/2 IN. TOTAL LENGTH 110 FT.

NUMBER OF TRENCHES 1 (100) 2 SIDE WALK AREA
 TOTAL BOTTOM AREA 660 SF.

SEEPAGE PITS, INSIDE DIAMETER NA FT. DEPTH BELOW INLET FT.

ABSORBENT AREA 660 SQ. FT.

REMARKS Inspection ok to cover - must see house connection by local council - 11/13/84 S.H.L.
6/10/83 House connection OK JS C.W.

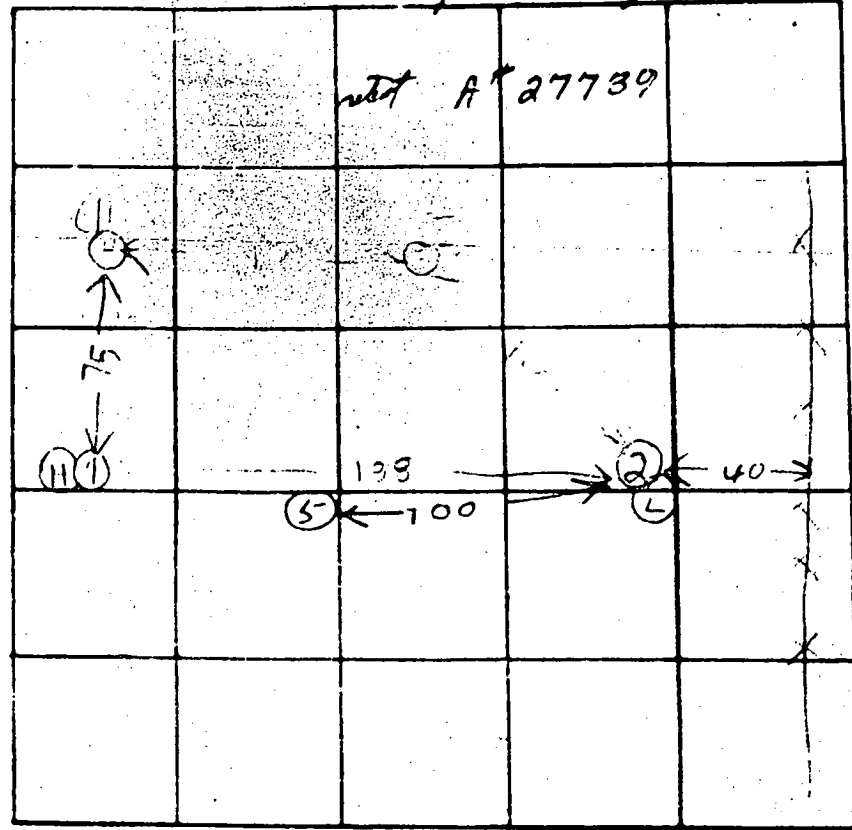
DATE SYSTEM APPROVED 6/10/83 INSPECTOR [Signature]

Label city 20258

lot A* 27739

69

SRVLYGRT	
GRH #	
C	1
D	2
A	3
B	4
ONE	5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO	DEPTH	PNE-WET		TEST - 1" DROP		TIME	HOLD ELEVATION
			START	STOP	START	STOP		
4/13/78	1V	12	TOP BOT	4 FT 3 FT	CLAY SANDY	DRY		HIGH
4/13/78	2D	14	1122	1127	1127	1147	13	LOWEST
	2.5	3	1120	1124	1124	1127	3	
	3D	12	1120	1125	1125	1158	12	LOW
	3.5	4	1142	1146	1146	1159	12	
	4D	13	1150	1155	1155	1200	5	HIGHEST
	4.5	5	1154	1156	1156	1202	6	USE FROM
4/14/78	5	13	TOP BOT	5 FT 9 FT	CLAY POBOLUS	SANDY		

Aug 8.5

REMARKS CE TEST HOLD

TYPE OF SOIL

TESTED BY

ALSO PRESENT: VIKETEMAN

17	19450.61
18	19626.42
19	19978.76
20	19987.46
21	20055.96
22	20001.80
23	19785.12
24	19586.68
25	19062.97
26	20147.27
27	20115.48



ISLE OF MANN

CASTLEBAY COURT

HARBOR LANE

JOHN S. GANTWAL ET AL
37-680

approximately
of Health
ure in this
servicing
sites.
tion to a
field located.

AREA DATA			
Street	Total Area	Streets	Area Lot
	18 1519	1,1712	16 9807

C 1 07513

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. OK 11/16/99 SRK COUNTY NUMBER A20258

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 11 15 99

Depth of Well 22 300' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2482

OWNER Floyd Donald STREET OR RFD 6590 Castle Bay Ct. TOWN SUBDIVISION Highland Lakes SECTION II LOT 69

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-45) and Gray Mica Rock (45-300).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 17 NO. OF POUNDS 9598

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 49

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, N and rows for depth intervals (8-11, 15-17, 23-26, 30-32, 38-41, 45-47, 51) and slot size/diameter of screen.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

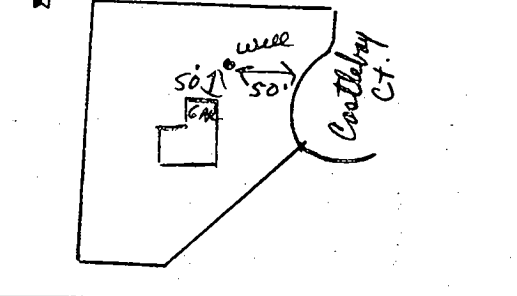
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Air WATER LEVEL (distance from land surface) BEFORE PUMPING 46 WHEN PUMPING 196 TYPE OF PUMP USED (for test) A air, C centrifugal, J jet, P piston, R rotary, S submersible, T turbine, O other

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above, - below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MSD024 DRILLERS SIGNATURE Joseph L. Mayne

LIC. NO. 1 D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 14374

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-2482 fill in this form completely

OWNER INFORMATION Date Received (APA) 10 28 99 Floyd Carolyn & Donald 6590 Castlebay Ct. Highland Md. 20777

LOCATION OF WELL Howard Highland Lake Highland Md. 20777

DRILLER INFORMATION Joseph L. Mayne MS D 24 5512 Ridge Rd. Mt. Airy Md. 21771 10/27/99

6590 Castlebay Ct. 45 FT DISTANCE FROM ROAD TAX MAP: 34 BLK: 22 PARCEL 373

WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A20258 Mark E. Riffin 10-29-00

USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

WRITE THE BOX NUMBER FROM THE MAP HERE E 810 N 4903 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 PERMIT No. HO-94-2482

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SITE INSPECTION SHEET

OWNER: Floyd, Carolyn and Donald

DATE REQUESTED: 10/28/99

PHONE #: _____

CONTRACTOR: Joe Mayne

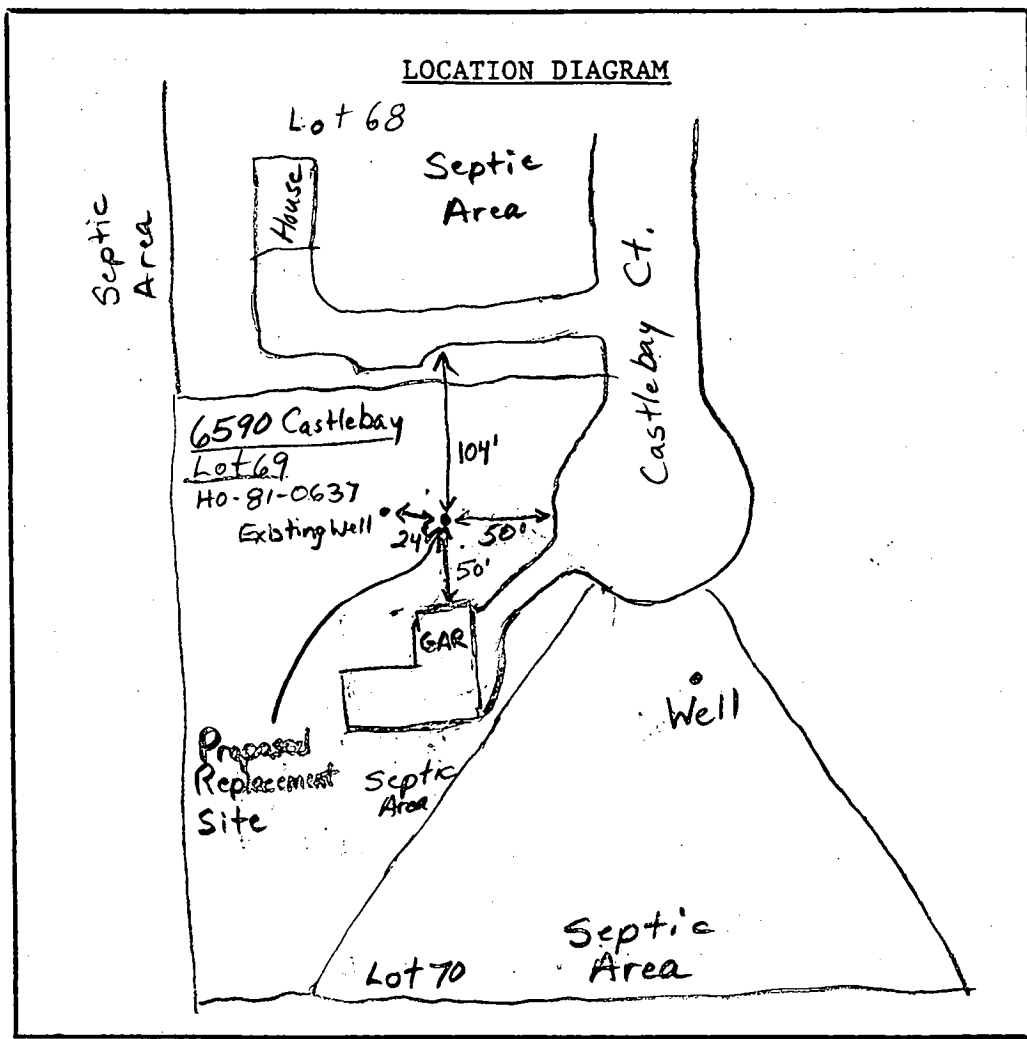
ADDRESS: 6590 Castlebay Ct.

WELL TAG #: _____

Highland, Md. 20777

COUNTY #: A20258

PROPOSAL: Output of existing well has become unsatisfactory.
A replacement well is to be drilled with the old well being
used as a stand by.



COMMENTS: _____

DATE: 10/28/99

INSPECTOR: B. Baker